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| Substitute for form 1449A/PTO | | Complete if Known | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> | | Application Number | 09/967,283 |
| | | Filing Date | 09/28/2001 |
| | | First Named Inventor | James Morrow |
| | | Art Unit | 3713 |
| | | Examiner Name | Yveste G. Cherubin |
| | | Attorney Docket Number | 10407/521 |
| Sheet | 1 | of | 1 |

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 1

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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OCT 16 2004
PATENT & TRADEMARK OFFICE

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

Complete if Known

| | |
|----------------------|--------------------|
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| Examiner Name | Yveste G. Cherubin |
| Art Unit | 3713 |
| Attorney Docket No. | 10407/521 |

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None
Order
 Deposit Account:

Deposit Account Number 502811

Deposit Account Name Brown Raysman Millstein Felder & Steiner LLP

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------------------|--------------|-----------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| 1051 | 130 | 2051 | 65 |
| 1052 | 50 | 2052 | 25 |
| 1053 | 130 | 1053 | 130 |
| 1812 | 2,520 | 1812 | 2,520 |
| 1804 | 920* | 1804 | 920* |
| 1805 | 1,840* | 1805 | 1,840* |
| 1251 | 110 | 2251 | 55 |
| 1252 | 420 | 2252 | 210 |
| 1253 | 950 | 2253 | 475 |
| 1254 | 1,480 | 2254 | 740 |
| 1255 | 2,010 | 2255 | 1,005 |
| 1401 | 330 | 2401 | 165 |
| 1402 | 330 | 2402 | 165 |
| 1403 | 290 | 2403 | 145 |
| 1451 | 1,510 | 1451 | 1,510 |
| 1452 | 110 | 2452 | 55 |
| 1453 | 1,330 | 2453 | 665 |
| 1501 | 1,330 | 2501 | 665 |
| 1502 | 480 | 2502 | 240 |
| 1503 | 640 | 2503 | 320 |
| 1460 | 130 | 1460 | 130 |
| 1807 | 50 | 1807 | 50 |
| 1806 | 180 | 1806 | 180 |
| 8021 | 40 | 8021 | 40 |
| 1809 | 770 | 2809 | 385 |
| 1810 | 770 | 2810 | 385 |
| 1801 | 770 | 2801 | 385 |
| 1802 | 900 | 1802 | 900 |
| Other fee (specify) _____ | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 180)

07967283

180.00 OP
283

| Large Entity | Small Entity | Fee Description |
|---------------------|--------------|---|
| Fee Code | Fee (\$) | Fee Description |
| 1202 | 18 | 2202 9 Claims in excess of 20 |
| 1201 | 86 | 2201 43 Independent claims in excess of 3 |
| 1203 | 290 | 2203 145 Multiple dependent claim, if not paid |
| 1204 | 86 | 2204 43 ** Reissue independent claims over original patent |
| 1205 | 18 | 2205 9 ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) (\$ 0) | | |

** or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY | | Complete (if applicable) | | | |
|-------------------|------------------------|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Brooke W. Quist | Registration No. (Attorney/Agent) | 45,030 | Telephone | 310-712-8319 |
| Signature | <i>Brooke W. Quist</i> | | | Date | March 11, 2004 |

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PTO/SB/21 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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TRANSMITTAL FORM

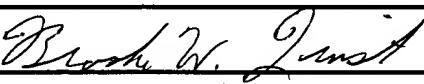
(to be used for all correspondence after initial filing)

| | | | |
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| | | Application Number | 09/967,283 |
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| | | Examiner Name | Yveste G. Cherubin |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 10407/521 |

ENCLOSURES (check all that apply)

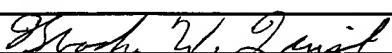
| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small> Return Receipt Postcard |
| <div style="border: 1px solid black; padding: 5px; width: 100%;">Remarks</div> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|---|--|
| Firm or Individual name | Brooke W. Quist | |
| Signature |  | |
| Date | March 11, 2004 | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|---|------|----------------|
| Typed or printed name | Brooke W. Quist | | |
| Signature |  | Date | March 11, 2004 |

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